

1111 Newton St., Gretna, LA 70053
504-361-8989 1-800-433-3823

AIRBILL NUMBER



29097451

SPECIMEN ID NUMBER

29097451

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and / or ID

DEPARTMENT NAME
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE # FAX #Facility Number
987654

B. MRO Name and Address

VON STIEFF, FRED MD
2477 PACHECO STREET
CONCORD, CA 94520
(925) 674-8080 (295) 671-8133

C. Name / I.D.:

PRINT ALL IN CAPS. Donor Name (Last, First, MI) leave space between names / ID / Auxiliary Data

D. Donor SSN or Employee ID No.:

E. Test Code:

Check here if
ETHANOL requiredCheck here if special test
required and indicate drugF. Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion / Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other

STEP 2: TO BE COMPLETED BY COLLECTOR

- Specimen temperature must be read within 4 minutes of collection. Split Specimen ☐ Yes Observed ☐ NoSpecimen temperature within range: ☐ Yes, 90° - 100°F/32° - 38°C ☐ No. ☐ Below 90°F ☐ Above 100°F Collection ☐ No ☐

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR

- Collector affixes bottle seal(s) to bottle(s). Collector affixes seal(s). Donor initials seal(s).

STEP 4: CHAIN OF CUSTODY

COLLECTION FACILITY

Collector Number

BUSINESS PHONE NUMBER

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor, that it bears the same specimen identification number as that set forth above, that it has been collected, labeled and sealed and released to the Delivery Service noted in accordance with applicable laws and regulations.

PRINT Collector's Name (First, MI, Last)

Time of
CollectionAM
PM

SPECIMEN RELEASED TO:

COURIER

Name of Delivery Service Transferring Specimen to Lab

STEP 5: TO BE COMPLETED BY DONOR

Daytime Phone No.

Evening Phone No.

Date
of Birth

(Mo/Day/Yr)

I certify that I provided my urine specimen to the collector; that I have not adulterated in any manner; that the specimen bottle used was sealed with a tamper-evident seal in my presence and that the information provided on this form and on the label affixed to each specimen bottle is correct.

PRINT Donor's Name

Signature of Donor

TO BE COMPLETED BY LAB

RECEIVED AT LAB:

X

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen

Bottle Seal Intact

☐ Yes☐ No. Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

TEMPORARY
STORAGE

SCREEN

CONFIRMATION

DRUG

DRUG

THC

Comments:

Certified by:

LAB NUMBER

FORM #1101 V 3.1

COPY 1 - ORIGINAL - MUST ACCOMPANY SPECIMEN TO LABORATORY

COLLECTOR'S SIGNATURE
DONORS INITIALS
DATE
COLLECTOR'S SIGNATURE
Minimum
15ml
(split)
Minimum
30mlPLACE
OF
LAB

29097451

PLACE
OF
LAB

29097451

